

OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Office of Program Support  
150 North 18th Avenue, Suite 280, Phoenix, Arizona 85007  
<http://www.azdhs.gov/bhs/tidbits>

## OPS Mailbox

The Office of Program Support (OPS) mailbox is up and running. Although there were some system kinks at the start, they have since been ironed out. However, OPS is asking if any Contractor feels that an email they submitted was not distributed and responded to, please resubmit the original email. The purpose of the mailbox will be to decrease the response time, streamline communications, and monitor accountability in an effort to better serve our Contractors. Contractors should not contact the OPS Representatives directly. Any and all requests should be sent to [OPS@azdhs.gov](mailto:OPS@azdhs.gov) and **copy** only your internal staff. Once the emails are received an auto reply will be returned acknowledging receipt of the email. The email communication will be forwarded to the appropriate OPS Representative who, in turn, will reply directly to the requester and those copied within the Contractor's email.

## Contractors Deliverables

**Del/Dup Files.** It is important that OPS is notified, via OPS mailbox, when the file is placed on the FTP Server.

**Reconciliation Log (formerly Override/ Deletion Log).** Requests for Reconciliation Logs are sent to all Contractors one week prior to the end of the quarter month end with a due date of the 30<sup>th</sup> day of the following month. It is important that OPS is notified, via OPS mailbox, when the Log is placed on the FTP Server for prompt processing of the file.

**Check Register Review 1<sup>st</sup> Qtr FY09.** The Check Register Review is currently in progress. Preliminary results will be sent to Contractors upon completion of initial review. Contractors should be reminded that screen prints from their system will no longer be accepted for omissions.

**Intakes without Encounters.** Contractors must make sure that they are cleaning up the Intakes without encounters. The numbers are rising. This report is on the RBHA FTP folder every Monday.

## Coding Q & A



Can Personal Assistance (T1019 and T1020 be billed on the same day as Level II or III (H0018 or H0019)?



According to both the Covered Services Guide and Billing Limitations, T1019 and T1020 may not be billed on the same day as H0018 and H0019. These services are considered to be included in the residential services.



When documenting Place of Service, is it appropriate to only list POS99? Or is there another code to list?



POS99 may be used if the actual service does take place in a location other than the home (12) or office (11). However, it is good documentation practice to list in the body of the progress notes where the actual location took place. For example, "met client at school," "met client at park," "met client at library," etc.



What is the best way to document/bill for a counseling session when the counseling session consists of two enrolled members/clients? If the counseling session is 1 hour long, can the provider bill eight units total?



If the counseling session lasts for one hour, it would be inappropriate to bill the entire session for both clients. The provider could do one of two things: split the duration of the billing between the two enrolled members/clients or bill the entire session, in

this case, four units under one enrolled member/client. Please note that if the provider opts for the second option there should be an explanation in the enrolled member/clients' chart. For example, the note in the clients' chart **that is not** used for billing could have a similar counseling note and under the section for Units, mark Non-Billable and include a brief explanation why. This way if an auditor reviews the chart the note will not be counted as an omission.



What is the best way to use the Home Care Training (Family Support) code S5110?



This code should be used strictly to support the family/caregivers of an enrolled member/client. It can include many various activities with the family/caregivers such as helping the parent redirect a child if the child becomes unruly, assisting the parent

with helpful training exercises for the child, etc. Please remember that this code should only be used if the case manager is providing services to the family/caregivers. However, if the family/caregivers are not present then a more appropriate code should be assigned.



Where in the Covered Services Guide does it state that the odometer start and end times are required in the documentation of the progress note?



Although it is not currently stated in the most recent Covered Services Guide, it **will be a requirement** in the next Covered Services Guide update. Therefore, it would be beneficial to providers to start documenting start and end times as soon as possible as good documenting practices.

### Technical Assistance Available

In an effort to improve the accuracy of medical records, the Office of Program Support will utilize the outcome of completed Ride-Alongs to identify providers that would benefit from additional technical assistance. If a provider is identified as a candidate for technical assistance, the Office of Program Support will schedule the visit, which will include time to review

a sample of medical records. In addition, the Office of Program Support will provide copies of training materials to include:

- Important Web Links
- Common Documenting Mistakes
- Sample Progress Note Formats
- Provider/issue specific documents
- Other materials deemed appropriate after review of ride-along findings

Documentation of the technical assistance visit will be sent to the provider and the Contractor after the session.

### !! Edit Alerts !!



*An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit Alerts are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.*

### Implemented:

#### **New/Changed Edit Alert**

Tracking Number: 140

Implemented: ☒

Reference Title: CPT 90885

Notification Date: October 10, 2008

Expected Implementation Date: July 1, 2008

ADHS will provide 90 days notice when possible

#### Change Description:

In a September 22, 2008 communication to ADHS, AHCCCS states, "Effective for dates of service on or after July 1, 2008, the CPT 90885 (Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes) has had a coverage code change to 04 (Not covered service/code not available)."

Scenarios (if Applicable):

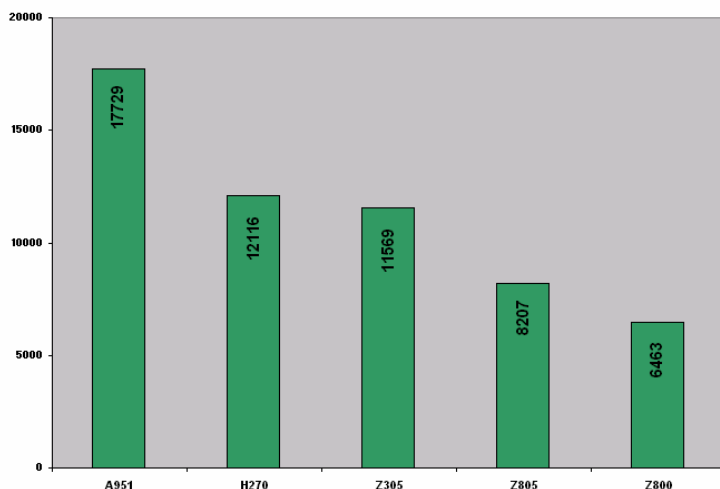
Edit Function:

This change will enable ADHS/DBHS to be more in sync with AHCCCS' system and will decrease the number of encounters pending at AHCCCS.

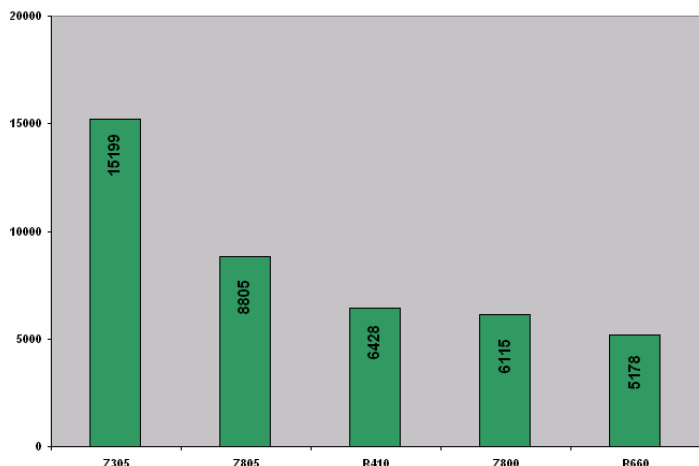
## **OPS Pend Corner**

The Office of Program Support will be providing monthly updates on the Top 5 AHCCCS Pend errors affecting all RBHAs in the Encounter Tidbits newsletter. Updates will include: graphs identifying the Top 5 errors between RBHAs for the current month and the previous month (for the purpose of comparison), an explanation of the errors and what needs to be done to satisfy them.

Top 5 AHCCCS Pends September 2008 (Statewide)



Top 5 AHCCCS Pends October 2008 (Statewide)



1. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
2. Z805 (Exact Dup from Diff HPs: NCPDP) – OPS is advising the RBHAs to contact the other Health Plans that their encounter is pending against, to work out these pend errors.
3. R410 (Recipient Not Elig for AHCCCS Svcs on Svc Dates) – OPS has instructed all RBHAs to

submit these errors on the monthly DELDUP file. In most cases the RBHAs will also need to correct a consumer's enrollment information in CIS to ensure that it matches what is currently in AHCCCS' PMMIS system.

4. Z800 (Exact Dup Found: NCPDP) – The RBHAs should verify the dispense date, NDC, recipient, and Provider ID of both the pended and duplicate encounters. If the pended encounter is a duplicate of the previously paid encounter, then void the encounter.
5. R660 (DHS MHS Enc Rcp Must Be on MHS Enroll) – OPS has instructed all RBHAs to submit these on the monthly DELUP file. In most cases, the RBHAs will also need to correct a consumer's enrollment information in CIS to ensure that it matches what is currently in AHCCCS' PMMIS system.

It is OPS' hope that this information can be used in the ongoing effort to correct AHCCCS pends. Please contact the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov), if further clarification is necessary.

## **Intakes on Adopted Clients**

If a client is adopted:

- The Contractor must close any intake currently open for the client.
- A new intake must be submitted for the client with their new name, new AHCCCS ID and new SSN.
- The new intake must not overlap a previous intake for the client.
- If the client's AHCCCS ID or SSN have not changed, they must be omitted from the new intake.
- If the client's first name and last name have not changed, the intake must be submitted with an override "O" action code.
- The new intake must be submitted without a client ID so the system will issue a new client ID.
- All future intake submissions for the client must contain the new client ID, intakes submitted without the new client ID may be posted to the old client ID in error.

AHCCCS issues a new AHCCCS ID to all of their adopted clients. AHCCCS will only link the old and new AHCCCS IDs in PMMIS if requested to do so by the adoption source. ADHS data system client IDs

must follow suit; the Contractor should only request ADHS link the client IDs on adopted clients if AHCCCS has linked the IDs in PMMIS.



### **ADHS Encourages Electronic Claims**

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.



### **DES Contact Number**

For any changes in member enrollment (i.e., name changes, demographic changes) contact:

#### **DES Communications Center**

Maricopa County: (602) 542-9935  
Statewide: (800) 352-8401



### **Security IDs for All DBHS Secure Systems**

Any person needing access to the PMMIS system must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any "sharing" of user names and/or passwords. Currently, there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Compliance Division, Contracts Development Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at [Stacy.Mobbs@azdhs.gov](mailto:Stacy.Mobbs@azdhs.gov).



### **Office of Program Integrity**

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Tim Stanley	Chief	(602) 364-4781 <a href="mailto:stanleti@azdhs.gov">stanleti@azdhs.gov</a>
Bobby Rivera	Manager	(602) 364-4702 <a href="mailto:riveraro@azdhs.gov">riveraro@azdhs.gov</a>
Sandra Reyes	Investigative Analyst	(602) 364-4426 <a href="mailto:reyess@azdhs.gov">reyess@azdhs.gov</a>
Stephanie Ortiz	Admin	(602) 364-4437 <a href="mailto:ortizs@azdhs.gov">ortizs@azdhs.gov</a>

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-569-4927 (toll free).

If you prefer, you may write to:

Mr. Tim Stanley  
Chief, Bureau of Audit Standards  
Arizona Department of Health Services  
Office of the Deputy Director  
150 N. 18th Avenue, Suite 280  
Phoenix, Arizona 85007

Or email us at:

[ReportFraud@azdhs.gov](mailto:ReportFraud@azdhs.gov)

***All reports are kept confidential and may be reported to other agencies.***

**The ADHS/DBHS office will be closed Tuesday, November 11 and Thursday, November 27.**



**Happy Thanksgiving**